

# **PETITION TO MODIFY SPOUSAL MAINTENANCE or SPOUSAL MAINTENANCE *and* CHILD SUPPORT**

# **1**

**To Change an Existing Court Order  
DUE TO A CONTINUING CHANGE IN  
CIRCUMSTANCES (“STANDARD MOD”)**

**Part 1: Filing the Court Papers  
(Forms Packet)**



## SELF-SERVICE CENTER

### TO CHANGE A COURT ORDER FOR SPOUSAL MAINTENANCE (ALIMONY) or SPOUSAL MAINTENANCE *and* CHILD SUPPORT “Standard Mod” Forms

#### PART 1: FILING THE COURT PAPERS FOR THE COURT HEARING

This packet contains court forms to file a **Petition to Modify Spousal Maintenance (Alimony), or Spousal Maintenance and Child Support - “Standard Process”**. Be sure the documents are in the following order:

Order	File Number	Title	# Pages
1	DRMSP1ft	Table of forms in this packet (this page)	1
2	DRMSP1k	Checklist: You may use these forms if . . .	1
3	DRMSP11f	<b><i>“Petition to Modify a Support Order”</i></b>	3
4	DRMSP81F	<b><i>“Order to Appear”</i></b>	1
5	DROSC13f	<b><i>“Affidavit of Financial Information”</i></b>	7
6	DRS12f	<b><i>“Child Support Worksheet”</i></b>	2

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## SELF- SERVICE CENTER

### PETITION TO MODIFY SPOUSAL MAINTENANCE (ALIMONY) or SPOUSAL MAINTENANCE and CHILD SUPPORT

#### CHECKLIST

#### YOU MAY USE THESE FORMS AND INSTRUCTIONS IN THIS PACKET IF:

- ✓ You have a spousal maintenance (also known as “alimony” or “spousal support”) order from Maricopa County and believe the amount of spousal maintenance should be changed because there has been a **substantial and continuing** change in your circumstances.

OR

- ✓ You have a spousal maintenance *and* child support order from Maricopa County and believe the amount of spousal maintenance **and** child support should be changed because there has been a **substantial and continuing** change in your circumstances.

#### NOTE:

- There are situations where the court *cannot* modify a Spousal Maintenance Order.
- Before using these forms you may want to consult with a lawyer to see if you have an Order that can be modified.
- If you signed an agreement that said that spousal maintenance/support/alimony cannot be changed, the court will not be able to change the amount of spousal maintenance.

**WARNING:** If the order you want to change is not from this county, ask a lawyer about the requirements to file your Petition (Request) with this Court.

**READ ME:** Before filing documents with the Court, consult a **lawyer** to help guard against undesired and unexpected consequences. The Self-Service Center has a list of lawyers who can give you legal advice and who can help you on a task-by-task basis for a fee, and a list of court-approved mediators as well. You may view the lists at the Self-Service Centers or from our web site at: <http://www.superiorcourt.maricopa.gov/ssc/provider/lawyers.asp>

Name of Person Filing Document: (A) \_\_\_\_\_

Your Address: \_\_\_\_\_

Your City, State, Zip Code: \_\_\_\_\_

Your Telephone Number: \_\_\_\_\_

ATLAS Number (if applicable): \_\_\_\_\_

Lawyer's Bar Number (if applicable): \_\_\_\_\_

Representing: ☐ Self (Without a Lawyer) OR ☐ Attorney for ☐ Petitioner OR ☐ Respondent

## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

\_\_\_\_\_  
Name of Petitioner (in original case) (B)

Case Number \_\_\_\_\_ (C)

### PETITION TO MODIFY A SUPPORT ORDER (Standard procedure)

AND

☐ Spousal Maintenance (Alimony) (D)

☐ Spousal Maintenance & Child  
Support

\_\_\_\_\_  
Name of Respondent (in original case) (B)

### 1. INFORMATION ABOUT THE PETITIONER:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
County where the Petitioner lives: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Job Title: \_\_\_\_\_

### 2. INFORMATION ABOUT THE RESPONDENT:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
County where the Respondent lives: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Job Title: \_\_\_\_\_

### 3. INFORMATION ABOUT THE CURRENT SUPPORT ORDER I WANT TO CHANGE:

- A. Date of order I want to change: \_\_\_\_\_  
B. Court Case Number of order I want to change: \_\_\_\_\_  
C. Location of court (city and state): \_\_\_\_\_  
D. Current Amount Ordered to be paid: The current order requires (name of person who pays) \_\_\_\_\_ to make payment for: the following:

Case No. \_\_\_\_\_

Spousal Maintenance \$\_\_\_\_\_ per \_\_\_\_\_

Child Support \$\_\_\_\_\_ per \_\_\_\_\_

Other: \$\_\_\_\_\_ per \_\_\_\_\_

Payments in Arrears: \$\_\_\_\_\_ per \_\_\_\_\_

**4. INFORMATION ABOUT OTHER COURT CASES TO ENFORCE OR CHANGE THIS COURT ORDER:**

☐ **Current enforcement or modification cases:** No other cases are pending in any court for enforcement of this court order. (You **must** check here, and this **must** be true.)

☐ **Past enforcement or modification cases:** If you or the other party have filed for enforcement or modification of the court order in the past, you must complete the following information, otherwise write "none" in the space provided. Use additional paper if necessary:

Names of Parties: \_\_\_\_\_

Date of order, judgment, decree: \_\_\_\_\_

Explain what order or judgment said: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Court Case Number: \_\_\_\_\_

Location of court (city and county): \_\_\_\_\_

Explain Type of Case: (emergency custody, visitation, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**5. WHAT SPOUSAL MAINTENANCE SHOULD BE.** Spousal maintenance amount should be \$\_\_\_\_\_ per month beginning \_\_\_\_\_ and continuing until \_\_\_\_\_ and subject to change as ordered by the court. (You **cannot** ask for a change in spousal maintenance/support if you signed an agreement that says that spousal maintenance/support cannot be changed or modified.)

**6. SPOUSAL MAINTENANCE SHOULD BE INCREASED OR DECREASED or I AM ENTITLED TO HAVE THE SPOUSAL MAINTENANCE PAYMENTS STOP OR CONTINUE BECAUSE:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CHILD SUPPORT: Answer Items 7 and 8 ONLY if you are also asking for a change in child support.**

**7. WHAT CHILD SUPPORT SHOULD BE:** Attached is a Parent's Worksheet for Child Support Amount. According to the Parent's Worksheet calculations, the child support amount should be \$\_\_\_\_\_per month.

**8. I AM ENTITLED TO HAVE CHILD SUPPORT CHANGED BECAUSE:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**9. DEPARTMENT OF ECONOMIC SECURITY.** Is DES providing Child Support Enforcement Services to at least one of the parties?  
☐ Yes (If yes, see instructions.) ☐ No ☐ Unknown.

**10. OATH OR AFFIRMATION**

**The contents of this document are true and correct to the best of my knowledge and belief.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Sworn to or affirmed before me this date:

\_\_\_\_\_  
My Commission expires

\_\_\_\_\_  
Deputy Clerk or Notary Public

# SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

\_\_\_\_\_  
Name of Petitioner (in original case)

and

\_\_\_\_\_  
Name of Respondent (in original case)

Case No. \_\_\_\_\_

## ORDER TO APPEAR REGARDING PETITION TO MODIFY A SUPPORT ORDER

**This is an important Court Order that affects your rights. Read this Order carefully. If you do NOT understand this Order, contact a lawyer for legal advice.**

Based on the *"Petition to Modify a Support Order"* and pursuant to Arizona law,

### IT IS ORDERED:

1. That Petitioner and Respondent appear at the time and place stated below so the court can determine whether the Petition should be granted.

**NAME OF JUDICIAL OFFICER:** \_\_\_\_\_

**DATE AND TIME OF HEARING:** \_\_\_\_\_

**PLACE OF HEARING:** Maricopa County Superior Court

**ADDRESS OF HEARING:** \_\_\_\_\_

**AMOUNT OF TIME FOR HEARING:** This is a 15 minute proceeding. The court will determine if more time is needed. All parties, whether represented by attorneys or not, must be present. If there is a failure to appear, the court may make such orders as are just, including granting the relief requested by the party who does appear. If the petition seeks to establish, modify or enforce child support, and you fail to appear as ordered, a child support arrest warrant may be issued for your arrest.

2. That a true copy of this *"Order to Appear"* and a true copy of the Petition and documents filed with the Petition shall be served by process server or sheriff by the party who initiated this action, on the parties who are required to appear.
3. The responding party may file a *"Response and Opposing Affidavit(s)"* by (date). Copies of the *"Response and Opposing Affidavit(s)"* must be served by the responding party on the other party or if the other party is represented, then on his or her attorney, by mail and in accordance with Rule 5, Arizona Rules of Civil Procedure.

DONE IN OPEN COURT: \_\_\_\_\_

\_\_\_\_\_  
Judge/Commissioner of the Superior Court

Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Daytime Phone Number: \_\_\_\_\_  
 Evening Phone Number: \_\_\_\_\_  
 Representing: ☐ Self ☐ Petitioner ☐ Respondent  
 State Bar Number: \_\_\_\_\_

## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

\_\_\_\_\_  
 Petitioner/Plaintiff

Case No. \_\_\_\_\_

ATLAS No. \_\_\_\_\_

### AFFIDAVIT OF FINANCIAL INFORMATION

\_\_\_\_\_  
 Respondent

Affidavit of \_\_\_\_\_  
 (Name of Person Whose Information is on this  
 Affidavit)

### IMPORTANT INFORMATION ABOUT THIS DOCUMENT

**WARNING TO BOTH PARTIES:** This Affidavit is an important document. You must fill out this Affidavit completely, and provide accurate information. You must provide copies of this Affidavit and all other required documents to the other party and to the judge. If you do not do this, the court may order you to pay a fine.

I have read the following document and know of my own knowledge that the facts and financial information stated below are true and correct, and that any false information may constitute perjury by me. I also understand that, if I fail to provide the required information or give misinformation, the judge may order sanctions against me, including assessment of fees for fines under Rule 31, Arizona Rules of Family Law Procedure.

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Person Making Affidavit

### INSTRUCTIONS

1. **Complete the entire Affidavit in black ink. If the spaces provided on this form are inadequate, use separate sheets of paper to complete the answers and attach them to the Affidavit. Answer every question completely! You must complete every blank. If you do not know the answer to a question or are guessing, please state that. If a question does not apply, write "NA" for "not applicable" to indicate you read the question. Round all amounts of money to the nearest dollar.**
2. Answer the following statements **YES** or **NO**. If you mark **NO**, explain your answer on a separate piece of paper and attach the explanation to the Affidavit.
 

[ ] YES [ ] NO	1. I listed all sources of my income.
[ ] YES [ ] NO	2. I attached copies of my two (2) most recent pay stubs.
[ ] YES [ ] NO	3. I attached copies of my federal income tax return for the last three (3) years, and I attached my W-2 and 1099 forms from all sources of income.



Case No. \_\_\_\_\_

**1. GENERAL INFORMATION:**

- A. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
B. Current Address: \_\_\_\_\_  
C. Date of Marriage: \_\_\_\_\_ Date of Divorce: \_\_\_\_\_  
D. Last date when you and the other party lived together: \_\_\_\_\_  
E. Full names of child(ren) common to the parties (in this case), their dates of birth:

Name	Date of Birth
_____	_____
_____	_____
_____	_____

- F. The name, date of birth, relationship to you, and gross monthly income for each individual who lives in your household:

Name	Date of Birth	Relationship to you	Income
_____	_____	_____	_____
_____	_____	_____	_____

- G. Any other person for whom you contribute support:

Name	Age	Relationship to You	Reside With You (Y/N)	Court Order to Support (Y/N)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- H. Attorney's Fees paid in this matter \$ \_\_\_\_\_. Source of funds \_\_\_\_\_

**2. EMPLOYMENT INFORMATION:**

- A. Your job/occupation/profession/title: \_\_\_\_\_  
Name and address of current employer: \_\_\_\_\_

Date employment began: \_\_\_\_\_

How often are you paid: ☐ Weekly ☐ Every other week ☐ Monthly ☐ Twice a month  
☐ Other \_\_\_\_\_

- B. If you are not working, why not? \_\_\_\_\_

- C. Previous employer name and address: \_\_\_\_\_

Previous job/occupation/profession/title: \_\_\_\_\_

Date previous job began: \_\_\_\_\_ Date previous job ended: \_\_\_\_\_

Reason you left job: \_\_\_\_\_

Gross monthly pay at previous job: \$ \_\_\_\_\_

- D. Total gross income from last three (3) years' tax returns (attach copies of pages 1 and 2 of your federal income tax returns for the last three (3) years):

Year \_\_\_\_\_ \$ \_\_\_\_\_ Year \_\_\_\_\_ \$ \_\_\_\_\_ Year \_\_\_\_\_ \$ \_\_\_\_\_

- E. Your total gross income from January 1 of this year to the date of this Affidavit (year-to-date income): \$ \_\_\_\_\_

**3. YOUR EDUCATION/TRAINING:** List name of school, length of time there, year of last attendance, and degree earned:

- A. High School: \_\_\_\_\_
- B. College: \_\_\_\_\_
- C. Post-Graduate: \_\_\_\_\_
- D. Occupational Training: \_\_\_\_\_

**4. YOUR GROSS MONTHLY INCOME:**

- List **all** income you receive from **any** source, whether private or governmental, taxable or not.
- List all income payable to you individually or payable jointly to you and your spouse.
- Use a monthly average for items that vary from month to month.
- Multiply weekly income and deductions by 4.33. Multiply biweekly income by 2.165 to arrive at the total amount for the month.

A. Gross salary/wages per month \$ \_\_\_\_\_

- **Attach copies of your two most recent pay stubs.**

Rate of Pay \$ \_\_\_\_\_ per [ ] hour [ ] week [ ] month [ ] year

B. Expenses paid for by your employer:

1. Automobile \$ \_\_\_\_\_
2. Auto expenses, such as gas, repairs, insurance \$ \_\_\_\_\_
3. Lodging \$ \_\_\_\_\_
4. Other (Explain) \_\_\_\_\_ \$ \_\_\_\_\_

C. Commissions/Bonuses \$ \_\_\_\_\_

D. Tips \$ \_\_\_\_\_

E. Self-employment Income (See below) \$ \_\_\_\_\_

F. Social Security benefits \$ \_\_\_\_\_

G. Worker's compensation and/or disability income \$ \_\_\_\_\_

H. Unemployment compensation \$ \_\_\_\_\_

I. Gifts/Prizes \$ \_\_\_\_\_

J. Payments from prior spouse \$ \_\_\_\_\_

K. Rental income (net after expenses) \$ \_\_\_\_\_

L. Contributions to household living expense by others \$ \_\_\_\_\_

M. Other (Explain:) \_\_\_\_\_ \$ \_\_\_\_\_  
(Include dividends, pensions, interest, trust income, annuities or royalties.)

**TOTAL:** \$ \_\_\_\_\_

**5. SELF-EMPLOYMENT INCOME (if applicable):**

If you are self-employed, attach a copy of the Schedule C for your business from your last tax return and the most recent income/expense statement from your business.

**If self employed, provide the following information:**

Name, address and telephone no. of business: \_\_\_\_\_

Type of business entity: \_\_\_\_\_

State and Date of incorporation: \_\_\_\_\_

Nature of your interest: \_\_\_\_\_

Nature of business: \_\_\_\_\_

Percent ownership: \_\_\_\_\_

Number of shares of stock: \_\_\_\_\_

Case No. \_\_\_\_\_

Total issued and outstanding shares: \_\_\_\_\_

Gross sales/revenue last 12 months: \_\_\_\_\_

### INSTRUCTIONS

Both parties must answer item 6 if either party asks for child support. These expenses include only those expenses for children who are common to the parties, which means one party is the birth/adoptive mother and the other is the birth/adoptive father of the children.

#### 6. SCHEDULE OF ALL MONTHLY EXPENSES FOR CHILDREN:

- **DO NOT LIST** any expenses for the other party, or child(ren) who live(s) with the other party, **unless** you are paying those expenses.
- Use a monthly average for items that vary from month to month.
- If you are listing anticipated expenses, indicate this by putting an asterisk (\*) next to the estimated amount.

##### A. HEALTH INSURANCE:

1. Total monthly cost \$ \_\_\_\_\_
2. Premium cost to insure you alone \$ \_\_\_\_\_
3. Premium cost to insure child(ren) common to the parties \$ \_\_\_\_\_
4. List all people covered by your insurance coverage:  
\_\_\_\_\_  
\_\_\_\_\_

5. Name of insurance company and Policy/Group Number:  
\_\_\_\_\_

##### B. DENTAL/VISION INSURANCE:

1. Total monthly cost \$ \_\_\_\_\_
2. Premium cost to insure you alone \$ \_\_\_\_\_
3. Premium cost to insure child(ren) common to the parties \$ \_\_\_\_\_
4. List all people covered by your insurance coverage:  
\_\_\_\_\_  
\_\_\_\_\_

5. Name of insurance company and Policy/Group Number:  
\_\_\_\_\_

##### C. UNREIMBURSED MEDICAL AND DENTAL EXPENSES:

(Cost to you after, or in addition to, any insurance reimbursement)

1. Drugs and medical supplies \$ \_\_\_\_\_
  2. Other \_\_\_\_\_ \$ \_\_\_\_\_
- TOTAL:** \$ \_\_\_\_\_

##### D. CHILD CARE COSTS:

1. Total monthly child care costs \$ \_\_\_\_\_  
(Do not include amounts paid by D.E.S.)
2. Name(s) of child(ren) cared for and amount per child:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Name(s) and address(es) of child care provider(s):

\_\_\_\_\_  
 \_\_\_\_\_

**E. EMPLOYER PRETAX PROGRAM:**

Do you participate in an employer program for pretax payment of child care expenses? (Cafeteria Plan)? [ ] YES [ ] NO

**F. COURT ORDERED CHILD SUPPORT:**

1. Court ordered current child support for child(ren)  
**not common to the parties** \$ \_\_\_\_\_
2. Amount of any arrears payment \$ \_\_\_\_\_
3. Amount per month actually paid in last 12 mos. \$ \_\_\_\_\_
  - **Attach proof that you are paying**
4. Name(s) and relationship of minor child(ren) who you support or who live with you, but are **not** common to the parties.  
 \_\_\_\_\_  
 \_\_\_\_\_

**G. COURT ORDERED SPOUSAL MAINTENANCE/SUPPORT (Alimony):**

1. Court ordered spousal maintenance/support you actually pay to previous spouse: \$ \_\_\_\_\_

**H. EXTRAORDINARY EXPENSES :**

1. For **Children** (Educational Expense/Special Needs/Other): \$ \_\_\_\_\_  
 Explain: \_\_\_\_\_  
 \_\_\_\_\_
2. For **Self**: \$ \_\_\_\_\_  
 Explain: \_\_\_\_\_  
 \_\_\_\_\_

**INSTRUCTIONS**

Both parties must answer items 7 and 8 if either party is requesting:

- Spousal maintenance
- Division of expenses
- Attorneys' fees and costs
- Adjustment or deviation from the child support amount
- Enforcement

**7. SCHEDULE OF ALL MONTHLY EXPENSES:**

- Do NOT list any expenses for the other party, or children who live with the other party unless you are paying those expenses.
- Use a monthly average for items that vary from month to month.
- If you are listing anticipated expenses, indicate this by putting an asterisk (\*) next to the estimated amount.

•

Case No. \_\_\_\_\_

**A. HOUSING EXPENSES:**

1. House payment:
  - a. First Mortgage \$ \_\_\_\_\_
  - b. Second Mortgage \$ \_\_\_\_\_
  - c. Homeowners Association Fee \$ \_\_\_\_\_
  - d. Rent \$ \_\_\_\_\_
2. Repair & upkeep \$ \_\_\_\_\_
3. Yard work/Pool/Pest Control \$ \_\_\_\_\_
4. Insurance & taxes not included in house payment \$ \_\_\_\_\_
5. Other (Explain) \_\_\_\_\_ \$ \_\_\_\_\_
- TOTAL:** \$ \_\_\_\_\_

**B. UTILITIES:**

1. Water, sewer, and garbage \$ \_\_\_\_\_
2. Electricity \$ \_\_\_\_\_
3. Gas \$ \_\_\_\_\_
4. Telephone \$ \_\_\_\_\_
5. Mobile phone/pager \$ \_\_\_\_\_
6. Internet Provider \$ \_\_\_\_\_
7. Cable/Satellite television \$ \_\_\_\_\_
8. Other (Explain:) \_\_\_\_\_ \$ \_\_\_\_\_
- TOTAL:** \$ \_\_\_\_\_

**C. FOOD:**

1. Food, milk, and household supplies \$ \_\_\_\_\_
2. School lunches \$ \_\_\_\_\_
3. Meals outside home \$ \_\_\_\_\_
- TOTAL:** \$ \_\_\_\_\_

**D. CLOTHING:**

1. Clothing for you \$ \_\_\_\_\_
2. Uniforms or special work clothes \$ \_\_\_\_\_
3. Clothing for children living with you \$ \_\_\_\_\_
4. Laundry and cleaning \$ \_\_\_\_\_
- TOTAL:** \$ \_\_\_\_\_

**E. TRANSPORTATION OR AUTOMOBILE EXPENSES:**

1. Car insurance \$ \_\_\_\_\_
2. List all cars and individuals covered:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Car payment, if any \$ \_\_\_\_\_
4. Car repair and maintenance \$ \_\_\_\_\_
5. Gas and oil \$ \_\_\_\_\_
6. Bus fare/parking fees \$ \_\_\_\_\_
7. Other (explain): \_\_\_\_\_ \$ \_\_\_\_\_
- TOTAL:** \$ \_\_\_\_\_

**F. MISCELLANEOUS:**

1. School and school supplies \$ \_\_\_\_\_
2. School activities or fees \$ \_\_\_\_\_
3. Extracurricular activities of child(ren) \$ \_\_\_\_\_

Case No. \_\_\_\_\_

4. Church/contributions	\$ _____
5. Newspapers, magazines and books	\$ _____
6. Barber and beauty shop	\$ _____
7. Life insurance (beneficiary: _____)	\$ _____
8. Disability insurance	\$ _____
9. Recreation/entertainment	\$ _____
10. Child(ren)'s allowance(s)	\$ _____
11. Union/Professional dues	\$ _____
12. Voluntary retirement contributions and savings deductions	\$ _____
13. Family gifts	\$ _____
14. Pet Expenses	\$ _____
15. Cigarettes	\$ _____
16. Alcohol	\$ _____
17. Other (explain): _____	\$ _____
<b>TOTAL:</b>	\$ _____

**8. OUTSTANDING DEBTS AND ACCOUNTS:** List all debts and installment payments you currently owe, but **do not include items listed in Item 8** "Monthly Schedule of Expenses". Follow the format below. Use additional paper if necessary.

Creditor Name	Purpose of Debt	Unpaid Balance	Min. Monthly Payment	Date of Your Last Payment	Amount of Your Payment

(1) Name of Person Filing : \_\_\_\_\_  
 Phone Number(s): \_\_\_\_\_ / \_\_\_\_\_  
 In this case I am ☐ Petitioner or ☐ Respondent Or ☐ represented by Attorney  
 (IF) Attorney, Name: \_\_\_\_\_ Bar No.: \_\_\_\_\_  
 Atty. Email: \_\_\_\_\_ Atty. Phone: \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
 IN MARICOPA(2) COUNTY**

**PARENT'S WORKSHEET FOR CHILD SUPPORT**

(3) Petitioner \_\_\_\_\_ (4) Case No. \_\_\_\_\_

(3) Respondent \_\_\_\_\_ (4) ATLAS \_\_\_\_\_

(5) Total Number of Children: \_\_\_\_\_

(6) Parent with Primary Custody: Father ☐ Mother ☐

(7) Parent who is filing this form: Father ☐ Mother ☐

(8) Gross Income figures for the OTHER PARENT are:

- ☐ **ACTUAL**, with proof, such as a recent W2 or pay stub attached, or other party's signed statement.  
☐ **ESTIMATED**, based on facts or knowledge of pay before promotion or of others in similar job.  
☐ **ATTRIBUTED**, based on what other party could and should be earning (see Guidelines 4e).

	<b>FATHER</b>		<b>MOTHER</b>
<b>Gross Income</b> (Pre-Tax Income. Before deductions.)	\$ _____	(9)	\$ _____
Spousal Maintenance Paid	\$ -	(10)	\$ -
Spousal Maintenance Received	\$ +	(11)	\$ +
Child Support Paid/Contributed	\$ -	(12)	\$ -
Support of Other Children Paid	\$ -	(13)	\$ -
<b>Adjusted Gross Income</b>	\$ _____	(14)	\$ _____
Combined Adjusted Gross Income	(15)	\$	_____
<b>Basic Child Support Obligation</b>	(16)	\$	_____
<b>Plus Costs for:</b>			
Medical/Dental/Vision Insurance	\$ _____	(17)	\$ _____
Childcare	\$ _____	(18)	\$ _____
Education Expenses	\$ _____	(19)	\$ _____
Extraordinary/Special Needs Child Expenses	\$ _____	(20)	\$ _____
No. of Children Age 12 or Over _____ Adjustment _____ %	(21)	\$	_____
Total Adjustments for Costs	(22)		_____
Total Child Support Obligation	(23)	\$	_____

	<b>FATHER</b>		<b>MOTHER</b>	
Each Parent's % of Combined Income	_____	%	(24)	_____ %
Each Parent's Share of Tot. Support Obligation	\$ _____		(25)	\$ _____

**Adjustment for Non Custodial Parent's Costs Associated with Parenting Time**Using Table A ☐ Table B ☐ (26)

No. of Days \_\_\_\_\_ = \_\_\_\_\_% Adjustment (from table)

x Line (16) \$ \_\_\_\_\_ (Basic Child Support Obligation) \$ \_\_\_\_\_ (27) \$ \_\_\_\_\_

**Less Noncustodial Parent's Costs for:**

Medical/Dental/Vision Insurance\* \$ \_\_\_\_\_ (28) \$ \_\_\_\_\_

Childcare\* \$ \_\_\_\_\_ (29) \$ \_\_\_\_\_

Education Expenses\* \$ \_\_\_\_\_ (30) \$ \_\_\_\_\_

Extraordinary/Special Needs Child Expenses\* \$ \_\_\_\_\_ (31) \$ \_\_\_\_\_

\*Subtract here ONLY if ADDED-IN items 17-20 above

Adjustments Subtotal \$ \_\_\_\_\_ (32) \$ \_\_\_\_\_

Preliminary Child Support Amount \$ \_\_\_\_\_ (33) \$ \_\_\_\_\_

**Self Support Reserve Test for Parent Who Will Pay**

Amount from Line (14) (Adj. Gross Inc.)

Minus Reserve Amount - \$775

Total = \$ \_\_\_\_\_ (34) \$ \_\_\_\_\_

Child Support to be Paid by: Father ☐ Mother ☐ \$   (35) \$  

Share of Travel Expenses Related to Parenting Time\* \_\_\_\_\_ % (36) \_\_\_\_\_ %

\*Only for expenses related to travel over 100 miles, one way.

Share of Medical/Dental/Vision Costs Not Paid by Insurance \_\_\_\_\_ % (37) \_\_\_\_\_ %

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: \_\_\_\_\_  
Date\_\_\_\_\_  
Signature of Parent